Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	09 15 2014 Amount
City State Zip Code  Charlotte NC 23215	50.00 Transaction ID : 6eec0370-847c-4957-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
Lotti Alideisoti	09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	11.40
	Transaction ID : f2ed114f-e8e3-41bc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 15 2014
Ma Vavillana	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rrsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	195 195 105
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 05	9 16 2014
Signature Date 05	2014

Schedule E)	LIVI EXI END	ITORES	<b>⊢</b>	PAGE 2 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jodi Fountain			M M /	15 / 2014
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		40.00
Bogalusa	LA	70427		: 132fc56f-7f90-4ac7-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	118270.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jodi Fountain			09 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		16.80
Bogalusa	LA	70427		: 2f24ea39-2552-4d34-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	118270.59	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>.</b>	56.80
			4	7 4
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 16	2014
<u> </u>				

Schedule E)		1101120		PAGE 3 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	
Full Name of Payee Eric J Smith			Date of Pu	blic Distribution/Dissemination
Mailing Address 4967 Dysartville			09	15 2014
			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		n ID: a24c6953-d723-4692-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	307326.60	Disbursement For: 2014 Other (	: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Jennifer E Smith			M M M 09	/ D D / Y Y Y Y Y Y Y 15 2014
Mailing Address 4967 Dysartsville Rd				10 2511
			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction Date of Dis	n ID: 370bcaa5-4937-4ab7-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	160.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· <b>-</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	9 09 16	
Signature		_		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030766
Check if 24-hour report	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jennifer E Smith	09 15 2014
Mailing Address 4967 Dysartsville Rd	Amount
City State Zip Code	9.00
Morganton NC 28655	Transaction ID: 1f53efb3-7978-4744-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General  Other (specify) ▶
Full Name of Payee Cecilla A Rebrick	Date of Public Distribution/Dissemination
Mailing Address	09 15 2014
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	30.00
Ft. Smith AR 72901	Transaction ID: 9ea1a038-f923-464e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	9 16 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Cecilla A Rebrick	Date of Public Distribution/Dissemination
	09 / 15 / 2014
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	1.50
Ft. Smith AR 72901	Transaction ID: acff5df9-d5c0-4066-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee  Beau Autin	Date of Public Distribution/Dissemination
	09 / 15 / 2014
Mailing Address 345 Auroura Ave	Amount
City State Zip Code	45.00
Metairie LA 70006	Transaction ID: 4256f209-de3b-486c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 15 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.50
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	09 16 2014
Signature	

Schedule E)	OITI OI INDEFENDE	VI EXI EILE	ITOTILO		PAGE 6 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTER					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour r	eport X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payer				Da	ate of Public Distribution/Dissemination
Beau Autin					09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 34	5 Auroura Ave			Am	nount
City		State	Zip Code		7.05
Metairie		LA	70006		ansaction ID : 963025dc-47f2-4622-8 atte of Disbursement or Obligation
Purpose of Expend Mileage	iture		Category/ Type 002		09 / 15 / 2014
Name of Federal C	andidate		Support	Office Sou	ught: House District: 00
Ms. Mary L Landrie	u		X Oppose		sident Senate State: LA
Calendar Year- Per Election fo	To-Date or Office Sought	1	118270.59	Disbursen 2014	ment For:
Full Name of Payer	9			Da	ate of Public Distribution/Dissemination
Eric Wilson					09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	907 Randall Drive			Am	mount
City		State	Zip Code	$ \Gamma$	50.00
Searcy		AR	72149		nsaction ID : 3d3f54c2-04ab-4296-b ate of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		09 / 15 / 2014
Name of Federal C	andidate		Support	Office Sou	ought: House District: 00
Mr. Mark L Pryor			X Oppose	Pre	esident Senate State: AR
Calendar Year- Per Election fo	To-Date or Office Sought	7	94025.31	Disbursen 2014	ment For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of It	emized Independent Expenditu	ıres		}	57.05
(b) SUBTOTAL of U	Initemized Independent Expend	ditures		<b>.</b>	
(c) TOTAL Independ	dent Expenditures			··· • [	
with, or at the reque		date or authorized			in cooperation, consultation, or concert (if the reporting entity is not a political
Ms. Emi	ily Buchanan	[Electron	ically Filed] Date	e 09	16 2014
Signature		-	5	, ,	

Schedule E)				PAGE 7 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	
Full Name of Payee Eric Wilson				Public Distribution/Dissemination
Mailing Address 907 Randall Drive			O	
Walling Addicess 90/ Kandali Drive			Amount	
City	State	Zip Code		21.60
Searcy	AR	72149		ction ID: 43941e41-ed92-4b37-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement I	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Amanda Boley			0	9 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount	لىنىا لنا ك
City	State NC	Zip Code	Transact	50.00 tion ID : 2e3177f2-6f46-47fa-b
charlotte		28227		Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	118270.59	Disbursement 2014 Oth	For: Primary X General Primary Primary Representation of the second sec
(a) SUBTOTAL of Itemized Independent Expenditure	∋s		· •	71.60
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G coossister
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee Amanda Boley	Date of Public Distribution/Dissemination
·	09 / 15 / 2014
Mailing Address Split Oak Drive	Amount
City State Zip Code	14.04
charlotte NC 28227	Transaction ID: 88624c96-61a7-49ff-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 15 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Sue G Walker	09 15 2014
Mailing Address 3 Girard	Amount
City State Zip Code	60.00
Fort Smith AR 72901	Transaction ID : d3548b1f-4421-4efa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 15 / 2014
	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	74.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 16 2014
Signature	

Schedule E)	INI EXI ENL	DITOTILO	PAGE 9 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Sue G Walker  Mailing Address 3 Girard			09 15 2014
Walling Address 3 Girard			Amount
City	State	Zip Code	18.30
Fort Smith	AR	72901	Transaction ID : 9e0a3337-c672-472d-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Brandy Starns			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	60.00
Monroe	LA	71201	Transaction ID: 43f3ea6b-b76d-4a71-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	118270.59	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		78.30
			7 7 7
(b) SUBTOTAL of Unitermized Independent Expen	ditures		· • • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 16 2014
•			

Schedule E)	EXI ENDI	TOTILO		PAGE 10 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Brandy Starns			09	15 / 2014
Mailing Address 300 Evangeline St			Amount	
City	State	Zip Code		21.60
Monroe	LA	71201		on ID: 80303bb8-92ab-4295-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	18270.59	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Edward N Walker			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard St			Amount	
City	State	Zip Code		30.00
Ft Smith	AR	72901		n ID: 84bfef2e-a0c9-4e3e-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures.				51.60
,,				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	98		<b>•</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	09 / 16	
<b>y</b>				

Schedule E)	I EXI END			PAGE 11 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Ohaali if Odd haws sanast V 40 haws sanast	Naw san	Amanda yana	wh filed as	-M / D D / Y = Y = Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Edward N Walker			M	f Public Distribution/Dissemination  Op 15 2014
Mailing Address 3 Girard St			Amour	
City	State	Zip Code		10.20
Ft Smith	AR	72901		action ID: 77225dee-eb36-4f7b-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Rachel H Young				of Public Distribution/Dissemination
Mailing Address Box #11543 915 E Market Ave			Amou	09 15 2014
			Amou	
City	State	Zip Code		20.00
Searcy Purpose of Expenditure	AR	72149	Transa Date o	of Disbursement or Obligation
Salary		Category/ Type 001	M	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
			-	
(a) SUBTOTAL of Itemized Independent Expenditure	S		· <b>•</b>	30.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 /	16 2014
Signature		_		

Schedule E)	PAGE 12 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Rachel H Young	/ D D / Y Y Y Y Y Y Y Y 15 2014
Mailing Address Box #11543 915 E Market Ave  Amount	
City State Zip Code	19.50
Searcy AR 72149 Transaction	n ID : 1aede82a-1845-4134-a bursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014 Other (s	Primary
	blic Distribution/Dissemination
Francesca Blom	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct Amount	
City State Zip Code	80.00
	ID: 963ab06c-2e3e-4a55-a sbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  09	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (	Primary X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>y</i> 1 1 <i>y</i> 1 1 <i>x</i> 1
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09 16	

Schedule E)				PAGE 13 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo		F = M / D = D / Y = Y = Y = Y
Full Name of Payee Virginia M Stevens				of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			L	09 15 2014
			Amou	ınt
City	State	Zip Code		40.00
Bakersville	NC	28705		saction ID: 3de9cfbd-17a7-4f97-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursemer 2014	nt For: Primary X General  Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Virginia M Stevens				M = M / D = D / Y = Y = Y
Mailing Address 1691 Fork Mtn Rd			L	09 15 2014
1091 FOIK WILLING			Amou	unt
City	State	Zip Code		24.90
Bakersville	NC	28705		action ID: 856f2008-d5a6-4fb8-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 15 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	lent State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursemer 2014	nt For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			·· •	64.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·· •	4 1 4 1 4 1
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09 /	16 2014
Signature				

Full Name of Payes Adena V Smith  Mailing Address 450 Judson Dr  City State Zip Code Wake Forest NC 27567  Purpose of Expenditure Salary  Name of Federal Candidate Mailing Address 168 Emerald Hill  City State Zip Code Mailing Address 168 Emerald Hill  City State Zip Code Mailing Address 168 Emerald Hill  City State Zip Code  Category On President Season District Octor  Disbursement For: Primary General Candidate  Category Done  Category On Done President Season State: NC  Category Done  Category	ocneat	,		FOR SE OF	FORM 24/48
Check if 24-hour report			FEC	IDENTIFICATI	ON NUMBER ▼
Full Name of Payee Chad E Day  Malling Address 168 Emeraid Hill  City Slate Zip Code Ms. Kay Hagan  Full Name of Payee Chad E Day  Malling Address 168 Emeraid Hill  City Slate Zip Code Ms. Kay Hagan  Category Dot  Ms. Kay Hagan  Ms. Category Dot  Ms. Catego	vvom	en Speak Out PAC	С	C00530766	
Adena V Smith  Mailing Address 450 Judson Dr  City State Zip Code Wake Forest NC 27597  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC 28043  Purpose of Expenditure Salary  Full Name of Payee Chad E Day  Mailing Address  168 Emerald Hill  Amount  Category/ Dot 15 2014  Amount  Category/ Dot 15 2014  Amount  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Name of Foderal Candidate NS. Kay Hagan  Category/ Dot 15 2014  Amount  Category/ Dot 16 2004  Category/ Dot 16 2014  Category	Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D D /	Y = Y = Y = Y
Mailing Address 450 Judson Dr  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary  Name of Federal Candidate Mailing Address 168 Emerald Hill  City State Zip Code Fresident Senate State NC  Category Oppose  President Senate State NC  Catendar Year-To-Date Purpose of Expenditure Salary  Mailing Address 168 Emerald Hill  City State Zip Code Frest City NC 28043  Purpose of Expenditure Salary  Mailing Address 168 Emerald Hill  Amount  Category Oppose  Transaction ID: 383dbt773-3ec9-4c34-a Date of Public Distribution/Dissemination  Op 15 2014  Amount  Amount  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Category Oppose  Categ	Full 1	ame of Payee Date	e of Pul	blic Distribution	/Dissemination
City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary Depose President Senate State: NC Category' Disbursement or Obligation Salary State State: NC Depose President Senate State: NC Depose President Senate State: NC Disbursement For Disburseme					
Wake Forest   NC   27587   Transaction ID : dfdc2a01-8d2b-428d-8   Date of Disbursement or Coligation	Mailii	g Address 450 Judson Dr Am	ount		
Wake Forest   NC   27587   Transaction ID : dfdc2a01-8d2b-428d-8   Date of Disbursement or Coligation	Citv	State Zip Code			45.00
Purpose of Expenditure Salary    Category/ Salary   Category   Support   Support   Support   Salary   Support   Supp		e Forest NC 27587 Tra			I-8d2b-428d-8
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Chad E Day  Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary General Candidate  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date of Public Distribution/Dissemation Purpose  Passident  Amount  Amount  Transaction ID: 265d973-3ec9-4c34-a  Date of Disbursement For: Primary  General  To Disbursement For: Primary  General		se of Expenditure Category/	M = M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Chad E Day  Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate party committee) any political party committee) any political party committee or its agent.  Ms. Emily Buchaman  [Electronically Filed]  Date Option President Senate State: Primary General President Senate State: No. 110.00  Disbursement For: Primary General State: No. 110.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate State: No. 150.00  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement For: Primary General President Senate Senate State: No. 150.00  Tra	Nam	of Federal Candidate Support Office Sou	ght:	House	District: 00
Per Election for Office Sought  Full Name of Payee Chad E Day  Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures  Under penalty of perjury I certify that the independent expenditures aparty committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date Of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  To 99 15 7 2014  Transaction ID : 8a5db773-3ec9-4c34-a  Transaction ID :	Ms.	Cov Hagan	_	X Senate	State: NC
Full Name of Payee Chad E Day  Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  Amount  Amount  Category/ Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Transaction ID : 8a5db73-3ec9-4c34-a Date of Disbursement or Disbursement		007000 00			General
Chad E Day  Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Soppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 307326.60  Calendar Year-To-Date Per Election for Office Sought Senate State: NC Calendar Year-To-Date Per Election for Office Sought Tother (specify)   (a) SUBTOTAL of Itemized Independent Expenditures	$\vdash$				
Mailing Address 168 Emerald Hill  City State Zip Code Forest City NC 28043  Purpose of Expenditure Salary  Category/ 17pp 001  Name of Federal Candidate Support Office Sought Senate State: NC Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 307326.60  Calendar Year-To-Date Per Election for Office Sought To Office Sought Support Office Sought Senate State: NC Oppose President Senate State: NC Oppose Disbursement For: Primary General Candidate Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures Per Election for Office Sought Support Office Sought Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed Date Op 16 2014			M = M	/ D D /	Y Y Y Y Y
Forest City  NC  28043  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Other (specify)  Transaction ID: 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation  Pog / 15 / 2014  Other Sought: House District: 00 Disbursement For: Primary General Calendary  Persident Senate State: NC Other (specify)  (c) Total Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Maili	100 Emoraia i iii		15	2014
Purpose of Expenditure Salary    Date of Disbursement or Obligation   Date of Disbursement or Date of	City	State Zip Code			65.00
Purpose of Expenditure Salary    Name of Federal Candidate	Fore	st City NC 28043 Tran	saction e of Dis	ID: 8a5db773	-3ec9-4c34-a Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		ose of Expenditure  Category/  O01	M - M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  307326.60  Disbursement For: Primary General 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Disbursement For: Primary General 2014  Other (specify)  Indicators of the cooperation of the	Nam	e of Federal Candidate Support Office Sou	ight:	House	District:00
Per Election for Office Sought  307326.60  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Ms.	Kay Hagan Oppose Pres	sident	X Senate	State: NC
(c) TOTAL Independent Expenditures		2014			/ Kaneral
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date  Date	(a) SI	BTOTAL of Itemized Independent Expenditures		7 7	110.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date  Date	(b) SI	BTOTAL of Unitemized Independent Expenditures		7	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(c) T(	TAL Independent Expenditures		7 7	
[Electronically Filed] Date 09 16 2014	with, c	at the request or suggestion of, any candidate or authorized committee or agent of either, or (			
- Batto		[El-+			
Oignature — — — — — — — — — — — — — — — — — — —	Sig	nature			

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OF

Schedule E)	EXI ENDITOR	120	PAGE 15 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	rt filed on
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd			09 15 2014 Amount
City	State Zip C	`nde	65.00
	NC 2870		Transaction ID : efba7303-492f-42a3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Cate	egory/ Type 001	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	307326	5.60	Disbursement For:
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd			09 15 2014 Amount
City S Bakersville	State Zip C NC 2870		25.20  Transaction ID : 0fbebe5e-9b05-4a30-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Cate	egory/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	307	7326.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			90.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized comr		
Ms. Emily Buchanan	[Electronically l	Filed] Date	09 16 2014
Signature			

Schedule E)	LIVI EXI END	TIONES	PAGE 16 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	65.00
Spruce Pine	NC	28777	Transaction ID : ff8e58dd-3376-492d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			09 15 7 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	65.00
Spruce Pine	NC	28777	Transaction ID : bcd99ffa-d22f-4faa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	307326.60	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		130.00
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	TOE! ENDERT EXTEND			PAGE 17 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M /	
Check if 24-hour report 4	8-hour report New rep	ort Amends repo	rt filed on	
Full Name of Payee Diane Smith				Distribution/Dissemination
			09	15 / 2014
Mailing Address 4006 Wolkswalk	Place		Amount	
City	State	Zip Code		21.50
Raleigh	NC	27610		D: 1348c845-6e55-4947-b irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	nt 3	307326.60	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee				c Distribution/Dissemination
Diane Smith			M M M 09	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswa	alk Place			10 2017
			Amount	
City	State	Zip Code		6.60
Raleigh	NC	27610	Transaction II  Date of Disbu	D: 83161e1c-fe60-4d55-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 N	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	307326.60	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent	endent Expenditures		<b>•</b>	28.10
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		•	
(c) TOTAL Independent Expenditu	ires		<b>&gt;</b>	7 7
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014
Signature				

Schedule E)	LIVI EXI END	TIONES	PAG FOF	GE 18 OF 61 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on Man / D	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Serena A Jones				15 / Y Y Y Y Y Y Y Y 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		70.00
Saltville	VA	24370	Transaction ID : c. Date of Disbursem	5f861ce-ba5f-44dc-b ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D	15 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		X Oppose	President Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,	307326.60	Disbursement For:  2014  Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Serena A Jones			M M / D	15 2014
Mailing Address 7151 Mullins Drive			Amount	النتا ك
City	State	Zip Code		30.30
Saltville	VA	24370	Transaction ID : 8e  Date of Disbursem	752d72-23ab-4be3-b nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D	15 / 2014
Name of Federal Candidate		Support	Office Sought: He	ouse District:00
Ms. Kay Hagan		X Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: 2014 Other (specify	Primary X General ) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			100.30
			7	7 -
(b) SUBTOTAL of Unitemized Independent Experience	enditures		<b>&gt;</b>	42.
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 16	2014
•				

Schedule E)	PAGE 19 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Laura U Logie	ate of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle	09 15 2014 mount
014 77 Oct	20.00
	20.00  ansaction ID: b38cd7cf-c848-4be5-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Me Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payee Mattie Harris	ate of Public Distribution/Dissemination
Mailing Address 3654 Tara St	09 15 2014 mount
City State Zip Code	40.00
springdale AR 72762 <b>Tra</b>	ansaction ID : fa1bd4fc-7592-4868-b ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09	16 / 2014

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 20 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mattie Harris			09 / 15 / Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	36.00
springdale	AR	72762	Transaction ID: c5d1d09d-0d96-4068-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	94025.31	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	100.00
Raleigh	NC	27604	Transaction ID : fc776044-67a0-46ca-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		136.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		.511 61126		PAGE 21 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report	48-hour report	report Amends repo	rt filed on	D = D / Y = Y = Y
	To most report			
Full Name of Payee Lee R Carter			Date of Public	Distribution/Dissemination  15  2014
Mailing Address 3110 Brentwoo	d Rd		Amount	
City	State	Zip Code		22.20
Raleigh	NC	27604		D: 1e1d302e-f4f2-4fa3-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sou	ght	307326.60	Disbursement For: 2014 Other (spe	Primary X General
Full Name of Payee			Date of Public	: Distribution/Dissemination
Christopher Marquess			09 /	15 / 2014
Mailing Address 110 W Pecal	n St			
			Amount	
City	State	Zip Code		65.00
Ville Platte	LA	70586	Transaction ID  Date of Disbu	: 350ccb2d-99d6-45a7-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	118270.59	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		<b>•</b>	87.20
(b) SUBTOTAL of Unitemized In	dependent Expenditures		<b>•</b>	
(c) TOTAL Independent Expendi	tures		<b>•</b>	
Under penalty of perjury I certify with, or at the request or sugges party committee) any political par	tion of, any candidate or authori			
Ms. Emily Buchanan	[Elect	ronically Filed] Date	09 / 16	2014
Signature				

Schedule E)	INI EXI END	ITOTILO		PAGE 22 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			09	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		39.00
Ville Platte	LA	70586		D: aba65613-c140-4f39-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M /	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Theresa a Youngblood			09 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 S Main Street Apt A2			Amount	
City	State	Zip Code		20.00
Berryville	VA	22611		: 69b73b06-3aaa-4b6b-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	59.00
			7	7
(b) SUBTOTAL of Unitemized Independent Experi	nditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 4 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16	2014
•				

Schedule E)	DENT EXICIN	DITORES	PAGE 23 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	eport Amends repo	rt filed on
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			09 15 2014  Amount
City	State	Zin Codo	20.00
Berryville	VA	Zip Code 22611	Transaction ID: 415d5095-294b-434a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	94025.31	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Evelyn Lesaicherre			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	60.00
Metairie	LA	70001	Transaction ID: 8235e4f9-db25-4ed6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		80.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
			7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Sch	edule E)		1101120		PAGE 24 OF 61 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ek if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
TF	Full Name of Payee			Date	of Public Distribution/Dissemination
	Evelyn Lesaicherre				09 15 2014
M	Mailing Address 629 Radiance Ave			Amo	unt
C	Dity	State	Zip Code	— I [ '	13.50
-	Metairie	LA	70001		saction ID : 32abfa66-3117-486f-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 15 / 2014
N	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , 1	118270.59	Disburseme 2014	ent For:  Primary
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Lucas H Hoyle				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 282 Falls Ave			Amo	ount
	City	State	Zip Code		30.00
-	Granite Falls	NC	28630	<b>Trans</b> Date	saction ID : 50e51487-8757-4a33-9 e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 15 / 2014
N	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	307326.60	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditure	es		>	43.50
(b)	) SUBTOTAL of Unitemized Independent Expendit	tures			7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1
	•				4 4
(c)	) TOTAL Independent Expenditures			··· • [	1 7 1 1 7 1 1 7 1
wit	nder penalty of perjury I certify that the independe th, or at the request or suggestion of, any candida urty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Dat	re 09	16 2014
	Signature		_		

	include Ly	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Lucas H Hoyle	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 282 Falls Ave	Amount				
	City State Zip Code	17.40				
	Granite Falls NC 28630	Transaction ID: e3994863-3a66-411f-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Kay Hagan Oppose	President State: NC				
	Calendar Year-To-Date Per Election for Office Sought  Disbut					
		Other (specify)				
	Full Name of Payee Toni A Persinger-Buckler	Date of Public Distribution/Dissemination				
	Mailing Address 5330 Nestleway Dr	09 15 2014 Amount				
	City State Zip Code	20.00				
	Clemmons NC 27012	Transaction ID: 8d31d8b3-2419-40ee-b Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	09 / 15 / 2014				
	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Kay Hagan Oppose	President State: NC				
	Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures	37.40				
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	CT71 II T71 I7	9 16 2014				
	Signature					
_						

PAGE 25

OF

Schedule E)	DENT EXICID	ITOTILO	PAGE 26 OF 61 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	vomen Speak Out PAC						
Check if 24-hour report X 48-hour repo	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination				
Mailing Address 5330 Nestleway Dr			09 15 2014				
5330 Nestieway Di			Amount				
City	State	Zip Code	4.80				
Clemmons	NC	27012	Transaction ID: 1836ccf9-5f87-496e-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	09 / 15 / 2014				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	, ,	307326.60	isbursement For: Primary General Other (specify)				
Full Name of Payee			Date of Public Distribution/Dissemination				
Francis Richardson			09 15 2014				
Mailing Address 220 Doucet Rd			Amount				
City	State	Zip Code	25.00				
Lafayette	LA	70503	Transaction ID : eed3fbea-0c85-4d10-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursement For:  Primary				
(a) SUBTOTAL of Itemized Independent Expe	enditures		29.80				
#X-11							
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•				
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
- 9							

Schedule E)	CHI EXI END	TIONES		PAGE 27 OF 61 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼			
Women Speak Out PAC	C C						
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Francis Richardson			M = M /	Distribution/Dissemination			
Mailing Address 220 Doucet Rd			09 Amount	15 2014			
	O	7. 0 1		0.05			
City  Lafayette	State LA	Zip Code 70503		2.25 : 778c314a-9499-42f7-8 sement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	, , ,	18270.59	Disbursement For: 2014 Other (spec	Primary			
Full Name of Payee Lilly Green			M - M /	Distribution/Dissemination			
Mailing Address 205 Medallion Circle			09 Amount	15 2014			
City	State	Zip Code		70.00			
Shreveport	LA	71119		: 3aee4e0a-9c93-4da2-a sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M M /	15 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7	118270.59	Disbursement For: 2014 Other (spe	Primary			
(a) SUBTOTAL of Itemized Independent Exper	ditures			72.25			
(b) SUBTOTAL of Uniternized Independent Exp	enditures						
			7	72			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7			
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 16	2014			
Signature							

Sche	dule E)	EXI END	TOTILO		PAGE 28 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		<u>Z</u>			
	I Name of Payee illy Green				of Public Distribution/Dissemination  09 15 2014
Ма	iling Address 205 Medallion Circle			Amou	nt
Cit	У	State	Zip Code	- [	24.00
	reveport	LA	71119		action ID: b4d76899-2062-40ed-8 of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		09 15 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	. 1	18270.59	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
I ™	leagan M Cates			IV	09 15 2014
Ма	iling Address 1425 Arden Lane			A	
				Amou	nı
Cit	у	State	Zip Code		40.00
	onway of Firenditure	AR	72034	Transa Date	ction ID: a1e1c983-5024-4f72-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		09 / 15 / Y Y Y Y
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
Mı	: Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	94025.31	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	3		•	64.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires			4 1 4 1 4 1
(c)	TOTAL Independent Expenditures			•	7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	9 09	16 2014
5	Signature				

Sche	edule E)	EXI ENDI	TOTILO				PAGE 29 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T <sub>E</sub> ,	ull Name of Payee		_		Det	- of Dubli	- Distribution/Discomination
ľ	Meagan M Cates				Dai	e of Public	c Distribution/Dissemination  / 15 2014
M	lailing Address 1425 Arden Lane				Am	ount	
С	ity	State	Zip Code				8.49
C	Conway	AR	72034				ID: d9275d61-2433-408f-9 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		09 09	15 2014
N	ame of Federal Candidate		<u>'</u>	Support	Office Sou	aht:	House District: 00
M	/Ir. Mark L Pryor			Oppose			X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.31		Disbursem 2014	ent For: Other (sp	Primary
	ull Name of Payee Kenny Wallis				Dat		ic Distribution/Dissemination
_	•					09	15 / 2014
N	failing Address 6412 Osage Dr				Am	ount	
С	ity	State	Zip Code				20.00
	North Little rock	AR	72116		Tran Dat	saction II e of Disb	D : a8b82d90-dc94-4f48-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		09	15 2014
N	lame of Federal Candidate			Support	Office Sou	ıght:	House District: 00
N	Лг. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.3	1	Disbursem 2014	ent For: Other (sp	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures.				, [		28.49
(b)	SUBTOTAL of Unitemized Independent Expenditure	rae				7	
(~,	OUDIGINE OF OFFICE MADE MADE AND A STATE OF OFFICE MADE AND A STATE OF OFFICE AND A STATE OFFIC	00		•••••••		-	7 7
(c)	TOTAL Independent Expenditures				•		1171171
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M 09	/ 16	/ Y Y Y Y Y Y 2014
	Signature		_				

Sche	dule E)	I EXI END			PAGE 30 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	port Amends rep	port filed on	M = M / D = D / Y = Y = Y
	Name of Payee Senny Wallis			Dat	te of Public Distribution/Dissemination
Ма	illing Address 6412 Osage Dr			Am	09 15 2014 nount
		01-1-	The Could		2.45
City No	y orth Little rock	State AR	Zip Code 72116		3.45 Insaction ID : fea638c9-2516-4478-b te of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nai	me of Federal Candidate		Support	Office Sou	ught: House District: 00
Mr	r. Mark L Pryor		Oppose		sident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursem 2014	nent For:  Primary  General Other (specify) ▶
B	Il Name of Payee rooke A Gilham ailing Address 168 Graduate Lane Apt 324			Dat	te of Public Distribution/Dissemination
	100 Graudate Larie Apt 324			Am	nount
Cit <sub>y</sub>	ry pone	State NC	Zip Code 28607	Tran	80.00 nsaction ID : 47f40d8f-2359-456d-b te of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms	s. Kay Hagan		Oppose	Pres	sident State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	307326.60	Disbursem 2014	nent For: Primary General Other (specify)
(a)	SUBTOTAL of Itemized Independent Expenditure:	;S			83.45
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		··· •	
(c)	TOTAL Independent Expenditures				
with,	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidaty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Da	te 09	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	Signature				

Scl	hedule E)				PAGE 31 FOR SE OF F	OF 61 FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
W	omen Speak Out PAC				C C00530766	
Che	eck if 24-hour report X 48-hour report Ne	w rep	oort Amends repor	rt filed on	M = M / D = D /	Y
T	Full Name of Payee Brooke A Gilham			Dat	e of Public Distribution/D	Y = Y = Y
-	Mailing Address 168 Graduate Lane Apt 324			Am	09 15 ount	2014
-	City State		Zip Code	-		36.60
	Boone NC		28607		nsaction ID : 889714e2-3	3c82-4321-b
	Purpose of Expenditure Mileage		Category/ Type 002		M M / D D / 15	2014
ŀ	Name of Federal Candidate		Support	Office Sou	aht: House D	istrict: 00
	Ms. Kay Hagan		X Oppose			State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	307326.60	Disbursem 2014	ent For: Primary  Other (specify) ▶	General
	Full Name of Payee Gregory Green			Dat	e of Public Distribution/D	Dissemination 2014
	Mailing Address 2506 Bolch Street			Am	ount	
ľ	City State		Zip Code			40.00
	Shreveport LA		71104	<b>Tran</b> Dat	saction ID: 8ddfa1b1-1e of Disbursement or Ob	6ec-4314-8 oligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 15	2014
Ī	Name of Federal Candidate		Support	Office Sou	ght: House D	istrict: 00
-	Ms. Mary L Landrieu		Oppose		ident Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursem 2014	ent For: Primary Other (specify) ▶	X General
(a	(a) SUBTOTAL of Itemized Independent Expenditures			· [		76.60
(1	(b) SUBTOTAL of Unitemized Independent Expenditures			•	7 1 7	1 40
(0	(c) TOTAL Independent Expenditures			· [	7 7	
W	Under penalty of perjury I certify that the independent expend vith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.					
		lectron	nically Filed] Date	M M M	16 2014	/ <b>"</b> Y
	Signature					

Schedul	le E)	TI EXI END			PAGE 32 OF 61 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Ob 1 - 16 - 1	7 of house and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and			-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Na Gre	ame of Payee gory Green				of Public Distribution/Dissemination
Mailing	Address 2506 Bolch Street			Amou	
City		State	Zip Code		12.00
Shrev	eport	LA	71104		action ID : 8ddbcf3e-07cb-4ece-9 of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	ary L Landrieu		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	1	18270.59	Disbursemen 2014 O	t For:
Full N	ame of Payee			Date	of Public Distribution/Dissemination
Sne	lbi L Randall			T.	09 15 2014
Mailing	g Address 202 East Park Ave Apt 40				
				Amou	nt
City		State	Zip Code		40.00
Searc		AR	72143	Transa Date	oction ID : 394db709-f4fa-4a84-9 of Disbursement or Obligation
Salar	se of Expenditure y		Category/ Type 001		09 / 15 / Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	it: House District:00
Mr. M	ark L Pryor		Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7-1-7	94025.31	Disbursemer 2014	ther (specify) ►
(a) SUI	BTOTAL of Itemized Independent Expenditu	res		•	52.00
(b) SUI	BTOTAL of Unitemized Independent Expendent	litures		• •	
(c) TO	TAL Independent Expenditures			•	77
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candid ommittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	16 2014
Sign	ature				

	meduic L)	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dab / Yayayay				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Shelbi L Randall	09 15 2014				
	Mailing Address 202 East Park Ave Apt 40	Amount				
	City State Zip Code	23.52				
	Searcy AR 72143	Transaction ID : 8b55bb41-15cd-4f8b-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Offic	e Sought: House District: 00				
	Mr. Mark L Pryor Oppose	President State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General				
	Per Liection for Office Sought	Other (specify) ▶				
	Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination				
	Mailing Address 1103 West Wilson Street	09 15 2014 Amount				
	City State Zip Code	55.00				
	Ville Platte LA 70586	Transaction ID : 25e61d70-92a8-4511-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	e Sought: House District:00				
	Ms. Mary L Landrieu Oppose	President State: LA State:				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary				
	(a) SUBTOTAL of Itemized Independent Expenditures	78.52				
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		09 16 2014				
	Signature					
_						

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OF

Schedule E)	IVI EXI END	TIONES		PAGE 34 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Michael Vidrine	<u>'</u>		M	
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		39.30
Ville Platte	LA	70586		ction ID : 25331a0b-96eb-4e9f-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 0	9 15 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	118270.59	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
David Ford			M	9 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount	لىنىا لنا ك
City	State	Zip Code		75.00
Spindale	NC	28160	Transact  Date of	tion ID : 13dc39a3-632e-4bd0-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M <sub>O</sub>	9 15 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures			114.30
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 35 OF 61 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	omen Speak Out FAC						
Check if 24-hour report X 48-hour report	neck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
David Ford			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 106 Hillside St			Amount				
City	State	Zip Code	27.99				
Spindale	NC	28160	Transaction ID: 320d92b2-4000-4d98-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	09 15 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	.,.,	307326.60	Disbursement For:				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination				
Mailing Address 6101 NORA ST			09 / 15 / 2014				
6101 NORA SI			Amount				
City	State	Zip Code	70.00				
METAIRIE	LA	70003	Transaction ID: 5517d4f3-57c0-473f-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursement For:  Primary  General  General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expen	ditures		97.99				
(-,			7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>				
(c) TOTAL Independent Expenditures			<b>•</b>				
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
<b>J</b>							

Schedule E)	II EXI END	TI OTILO		PAGE 36 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y = Y = Y
	New 1ch	Off Afficias repo	ort illed on	
Full Name of Payee ERIC TABARY			М	Public Distribution/Dissemination  9
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		3.00
METAIRIE	LA	70003		ction ID : 0019e43c-bfb6-4a81-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		118270.59	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Bradley K Kissinger			Date of	Public Distribution/Dissemination
Lauley it russiliyei				09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.			Amount	
City	State	Zip Code		20.00
Little Rock	AR	72212	Transact Date of	tion ID: 9f3412e8-85fc-4928-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	9 15 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	94025.31	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	res			23.00
,			· -	7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature		_		

Schedule E)	PAGE 37 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report filed on Amends report
Full Name of Payee Bradley K Kissinger	Date of Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.	09 15 2014 Amount
City	7in Code
City State Little Rock AR	Zip Code 6.30  72212 Transaction ID : db3329eb-3043-458c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 / 15 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	94025.31 Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Ruthie M Thompson	Date of Public Distribution/Dissemination
Mailing Address 286 Wrenn Drive	09 15 2014 Amount
City State	Zip Code 35.00
Lexington NC	27292 Transaction ID : 7a643d59-8238-4694-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 15 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	307326.60 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	41.30
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	······································
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [El	ectronically Filed] Date 09 16 2014

Schedule E)	INT EXI EN	ON ONES	PAGE 38 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Walters			09 / 15 / 2014
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	50.00
Fort Smith	AR	72916	Transaction ID: 53520478-d528-4092-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94025.31	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09 / 15 / 2014
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	40.00
Charolette	NC	28215	Transaction ID : d5da3609-466b-489b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	94025.31	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.00
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 16 7 2014
-			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Brandon Wheeler	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct	Amount
City State Zip Code	24.00
Charolette NC 28215	Transaction ID: b44a6395-668e-4f0c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	09 15 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary
Full Name of Payer	
Full Name of Payee  Marilyn A Holt	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 Tumbleweed Dr	Amount
City State Zip Code	35.00
Winston Salem NC 27127	Transaction ID: 68bfbf09-ed61-40db-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	11711711
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	9 16 2014
Signature	

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OF

Schedule E)	/EI E 110 E 111 E 221 E 222 E	TOTILO		PAGE 40 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-h	nour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Public	- Distribution/Dissemination
Marilyn A Holt			Date of Public	c Distribution/Dissemination
Mailing Address 314 Tumbleweed D	ır		Amount	
City	State	Zip Code		9.00
Winston Salem	NC	27127		ID: fabe7ea4-c455-412c-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	307326.60	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Christine Stevens			09	15 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602	Transaction II Date of Disbu	D: 7f3ea15c-6efe-4cc5-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 09	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independ	dent Expenditures			69.00
,	·		7	
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		• •	4
(c) TOTAL Independent Expenditures	3		•	1 1 7 1 1 5 1
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 / 16	/ Y Y Y Y Y Y 2014
Signature		_		

Sche	edule E)	=/(; =:\-:	101.20		PAGE 41 OF 61 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends	report filed	d on M = M / D = D / Y = Y = Y
<b>T</b> Fu	ull Name of Payee				Date of Public Distribution/Dissemination
_	Jazmine d Conner				09 15 2014
M	lailing Address 100 ASBURY CT				Amount
Ci	ity St	tate	Zip Code		50.00
٧	VINCHESTER	VA	22602		Transaction ID : 3e071bc3-b332-4896-9 Date of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001	09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Suppo	ort Offic	ee Sought: House District:00
M	⁄/s. Kay Hagan		X Oppos		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	307326.60	Disb 2014	oursement For: Primary General Other (specify)
	ull Name of Payee				Date of Public Distribution/Dissemination
'	Jon E Conner				09 15 2014
М	failing Address 100 Asbury Ct				
	•				Amount
С	Sity S	State	Zip Code		50.00
_		VA	22602		Transaction ID : 7e87c889-dcad-4b52-9 Date of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001	09 / 15 / 2014
N	lame of Federal Candidate		Suppo	ort Offic	ce Sought: House District: 00
M	/ls. Kay Hagan		X Oppos		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	307326.60	Disb 201	oursement For: Primary General  Other (specify)   Other
(a)	SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	100.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	s		······ <b>&gt;</b>	
(c)	TOTAL Independent Expenditures			······ <b>&gt;</b>	
with	der penalty of perjury I certify that the independent of h, or at the request or suggestion of, any candidate of ty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	09 16 2014
	Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID : f4ab1355-10fa-422b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	09 15 2014
	Amount
3200 Dam Neck Rd	
	60.00 Fransaction ID : f10c4b53-00a9-488a-8
Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation  09 15 2014
	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	M / 16 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature	

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Schedule E)	ENT EXIEND	HONES	PAGE 43 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 19d178b0-88a0-4127-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Krystal A Wilson			09 15 2014
Mailing Address 448 Judson Dr			Amount
City	State	Zip Code	45.00
Wake Forest	NC	27587	Transaction ID: 3582c6be-5641-4515-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	307326.60	Disbursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. • 105.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 16 7 2014
•			

Schedule E)	101120	PAGE 44 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
	. 🗆	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	ort Amends report fi	led on
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr		Amount
City State	Zip Code	5.70
Wake Forest NC	27587	Transaction ID: 1d26ed87-cd9a-4977-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General  114 Other (specify) ▶
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination
		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace		Amount
City State	Zip Code	70.00
Sterling VA	20165	Transaction ID : 3c0bd20d-9ac4-4c7b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 15 / Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		75.70
(a) SOBTOTAL OF REINIZED INDEPENDENT Expenditures	······	73.70
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electroni	cally Filed] Date	09 16 2014
Signature	-	

Schedule E)	I EXI EIID			PAGE 45 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			-	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
o				M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	_
Full Name of Payee Joneisha Stewart			M	f Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			Amoun	
City	State	Zip Code		50.00
Marrero	LA	70072		ction ID : ecbfadb4-d7be-485c-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	1	18270.59	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Joneisha Stewart				09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr				
			Amoun	t
City	State	Zip Code		6.30
Marrero	LA	70072	Transac Date of	tion ID: 38aa0f87-8ed8-4461-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		)9 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	118270.59	Disbursement 2014 Ott	For: Primary X General
_				
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	56.30
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC	C C00530766
Check	x if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	III Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	·	09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	ailing Address 1436 Haigs Creek Dr	Amount
С	ity State Zip Code	50.00
E	Elgin SC 29045	Transaction ID: e76a653a-ee08-48cf-8 Date of Disbursement or Obligation
	urpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	1r. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:
F	ull Name of Payee	Date of Public Distribution/Dissemination
	Randy M Gold	09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lailing Address 1436 Haigs Creek Dr	Amount
С	ity State Zip Code	27.57
- E	Elgin SC 29045	Transaction ID: 98fc0a85-0e9d-4759-9 Date of Disbursement or Obligation
	urpose of Expenditure Mileage  Category/ Type  002	M 09 / D D / Y Y Y Y Y 15 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
Λ	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	77.57
(b)	SUBTOTAL of Unitemized Independent Expenditures	7 7
(c)	TOTAL Independent Expenditures	
witl	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	9 16 2014
	Signature	

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OF

Sc	hedule E)	L/(1 L. (12.	101120				PAGE 47 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	-				FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	X New repo	ort Arr	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Kaleigh J Wagner					M M M	15 2014
	Mailing Address 18065 Wayne Rd				Amo	ount	
ŀ	City S	State	Zip Code				50.00
	Odessa	FL	33556				ID: ff75d673-caa3-4faf-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	15 / 2014
ŀ	Name of Federal Candidate		<u> </u>	Support	Office Sou	nht·	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.31		Disburseme 2014	ent For: Other (sp	Primary
ľ	Full Name of Payee						c Distribution/Dissemination
	Phillip Williams					M M	/ D D / Y Y Y Y Y
ŀ	Mailing Address 3007 Darden Rd					09	15 2014
	3007 Dardon Nd				Amo	ount	
ŀ	City	State	Zip Code		$\dashv \sqcap$		90.00
		NC	27407		<b>Tran</b> Date	saction II e of Disbu	D: 27cfd8f2-847a-4617-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	<sup>M</sup> 09	15 2014
ľ	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan			Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		307326.6	0	Disbursem 2014	ent For: Other (sp	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures				· ·	-	140.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	)S			·· • [		1 4 1 4
(	(c) TOTAL Independent Expenditures				·· • [	- 4	
W	Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 16	/ Y = Y = Y = Y = 2014
	Signature		_				

Schedule E)	INT EXTEND	TIONES		18 OF 61 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	TION NUMBER ▼
Women Speak Out PAC			C C00530766	3
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee Phillip Williams			Date of Public Distribution	/ Y Y Y Y Y
Mailing Address 3007 Darden Rd			09	2014
Cit.	Chaha	7:n Cada		22.40
City Greensboro	State NC	Zip Code 27407	Transaction ID : adfe3d  Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 15	/ Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		307326.60	Disbursement For: Prima 2014 Other (specify) ▶ _	ıry 🔀 General
Full Name of Payee Beverly Williams			Date of Public Distribution	/ Y = Y = Y = Y
Mailing Address 3007 Darden Rd			09 15 Amount	2014
City	State	Zip Code		90.00
Greensboro	NC	27407	Transaction ID : 2e27a68  Date of Disbursement o	
Purpose of Expenditure Salary		Category/ Type 001	09 / 15	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	307326.60	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expend	tures		•	122.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures				
(-) - 3 11 - 11 - 11 - 11 - 11 - 11 - 11			P	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		014
Signature				

Schedule E)	PAGE 49 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends r	report filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Amount
City State Zip Code	115.00
Pilot Mountian NC 27041	Transaction ID : c8ec0130-4eec-4e4e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 0	001 09 / 15 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought 307326.60	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	M M / D D / Y Y Y Y Y
Mailing Address 308 West Main Street	09 15 2014
300 11001 11101	Amount
City State Zip Code	33.00
Pilot Mountian NC 27041	Transaction ID : 50ac1f78-cfa8-4cd1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  Output  Description:	002 M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	e President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 307326.60	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	148.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 16 2014
Signature	

Sch	nedule E)	1105		PAGE 50 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report New	v report Amends repo	ort filed on	D = D / Y = Y = Y
Ţ	Full Name of Payee  Jeffrey Hampton		M M /	Distribution/Dissemination
	Mailing Address 1700 E Part Ave		Amount	15 2014
-	City State	Zip Code		52.50
- 1	Searcy AR	72149		D: 5efd56f3-cedc-4e83-b rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	15 / 2014
h	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President >	
	Calendar Year-To-Date Per Election for Office Sought	94025.31	Disbursement For: 2014 Other (spe	Primary
	Full Name of Payee  Jeffrey Hampton  Mailing Address 1700 F Part Ave		Date of Public	Distribution/Dissemination
	Mailing Address 1700 E Part Ave		Amount	
	City State	Zip Code		32.46
	Searcy AR	72149	Transaction ID  Date of Disbu	: <b>814ca7d2-8943-45c1-8</b> rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	15 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	94025.31	Disbursement For: 2014 Other (spe	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		>	84.96
(k	b) SUBTOTAL of Unitemized Independent Expenditures		>	
(0	C) TOTAL Independent Expenditures		<b>&gt;</b>	
W	Inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.			
		ectronically Filed] Date	e 09 / 16	2014
	Signature			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Glenda McKinney	09 15 2014
	Mailing Address 308 West Main Street	Amount
	City State Zip Code	115.00
	Plot Mountain NC 27041	Transaction ID : ac03fe24-a4e8-48f5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Tylan S Green	Date of Public Distribution/Dissemination
	Mailing Address 2320 Saint Nick Dr	09 15 2014 Amount
	City State Zip Code	80.00
	New Orleans LA 70131	Transaction ID : 4cbe50c7-92a2-4394-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	195.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71	16 2014
	Signature	

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OF

Schedul	e E)	. EXI EIID	1101120		PAGE 52 OF 61 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y
Tyla	ne of Payee n S Green				of Public Distribution/Dissemination  10
Mailing	Address 2320 Saint Nick Dr			Amour	nt
City		State	Zip Code	-1	9.60
New C	Orleans	LA	70131		action ID : 67086390-6b07-40ea-9 of Disbursement or Obligation
Purpos Mileag	e of Expenditure je		Category/ Type 002		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	, , , ,	118270.59	Disbursement 2014 Of	t For:
	ame of Payee S McCoy				of Public Distribution/Dissemination
	Addis			L	09 15 2014
Mailing	Address 1025 Cayley Ct			Amou	nt
City		State	Zip Code		80.00
High F		NC	27260	Transa Date o	ction ID : cc7344d7-8f35-4b6d-8 of Disbursement or Obligation
Purpos Salary	ee of Expenditure		Category/ Type 001		09 / 15 / Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ka	ay Hagan		X Oppose	Preside	ent Senate State: NC
	alendar Year-To-Date er Election for Office Sought		307326.60	Disbursemen 2014 O	t For:
(a) SUE	BTOTAL of Itemized Independent Expenditur	9S		· •	89.60
(b) SUE	BTOTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7
(c) TOT	AL Independent Expenditures			•	7
with, or	enalty of perjury I certify that the independent at the request or suggestion of, any candidammittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	16 2014
Signa	ature		_		

Schedu	ile E)				PAGE 53 OF 61 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full N	Name of Payee			Date	of Public Distribution/Dissemination
Ch	ris McCoy				09 15 2014
Mailir	ng Address 1025 Cayley Ct			Amou	ınt
City		State	Zip Code		22.80
	Point	NC	27260		saction ID: 70235bac-40e4-4f4e-b of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002	The state of the s	09 / 15 / 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. I	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , , 3	807326.60	Disbursemen 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Dai	nielle McCoy			7	09 15 2014
Mailir	ng Address 1025 Cayley Ct				2017
	, ,			Amou	unt
City		State	Zip Code		80.00
	Point	NC	27260	Transa Date	action ID: 09cba875-6552-40b2-9 of Disbursement or Obligation
Purpo Sala	ose of Expenditure ury		Category/ Type 001		09 / 15 / 2014
Name	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. I	Kay Hagan		X Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	307326.60	Disbursemer 2014 C	nt For:
(a) SU	JBTOTAL of Itemized Independent Expenditure	s		·· •	102.80
(b) Sl	JBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 1 7 1 7
(c) TO	OTAL Independent Expenditures			•	7
with, o	penalty of perjury I certify that the independer at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	23.70
High Point NC 27260	Transaction ID : 6d2e3ba6-7665-4c24-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Ms Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary General  Other (specify) ▶
Full Name of Payee	
Eleanor McCoy	Date of Public Distribution/Dissemination  09  15  2014
Mailing Address 4902 Catawba Dr	Amount
City State Zip Code	85.00
	ransaction ID : cb11c3ad-5f0a-494f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / 15 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	108.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Sch	nedule E)	.// L. 12.	1011=0				PAGE 55 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
Ţ	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Eleanor McCoy				[	09	15 2014
	Mailing Address 4902 Catawba Dr				Amou	unt	
-	City Sta	ate	Zip Code		$-\Gamma$		23.40
		IC	27407				ID: 8b62d1e2-16f1-43b8-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M 09	15 2014
h	Name of Federal Candidate		s	Support	Office Sough	ht:	House District: 00
	Ms. Kay Hagan			Oppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	807326.60		Disbursemer 2014	nt For: Other (sp	Primary ☐ General
	Full Name of Payee  Carla A Wells				Date	of Publi	c Distribution/Dissemination
						M M M	15 2014
	Mailing Address 2013 Woodwind Way				Amo	unt	
-	City Sta	ate	Zip Code		-		45.00
		NC	72956		Trans Date	action II of Disbu	D: 6d2aac66-b3b8-435f-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	] [	M 09	15 2014
ľ	Name of Federal Candidate		S	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.31		Disburseme 2014	nt For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures						68.40
-	,				, <u></u>	7	
(k	b) SUBTOTAL of Unitemized Independent Expenditures				•		
(0	c) TOTAL Independent Expenditures				•		7
W	inder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	16	/ Y Y Y Y Y Y 2014
	Signature		_	Zaio		_	

Sch	nedule E)	<b>L</b> /(1 <b>L</b> /(2)	TI CITES		PAGE FOR SI	56 OF 61 E OF FORM 24/48
	ME OF COMMITTEE (In Full)					CATION NUMBER ▼
W	omen Speak Out PAC				C C005307	
Che	ck if 24-hour report X 48-hour report	New repo	oort Amends rep	ort filed on	M = M / D = D	/
Т	Full Name of Payee			Date	of Public Distribu	ition/Dissemination
	Carla A Wells				M M / D D D D D D D D D D D D D D D D D	2014
	Mailing Address 2013 Woodwind Way			Amo	unt	
	City	State	Zip Code	$ \Gamma$		4.50
- 1	Van Buren	NC	72956		saction ID : 4b95 of Disbursement	bfa9-6293-48d5-a
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 15	
	Name of Federal Candidate		Support	Office Soug	ıht: House	e District: 00
	Mr. Mark L Pryor		Oppose	Presi		
	Calendar Year-To-Date Per Election for Office Sought		94025.31	Disburseme 2014	ent For: Prin	mary X General
	Full Name of Payee			Date	of Public Distribu	ution/Dissemination
	Amber M Gregory				M M / D D D 15	2014
ŀ	Mailing Address 1710 Elfen Glen St Apt 114B					2011
Ì				Amo	ount	
ľ	City	State	Zip Code			30.00
	Van Buren	AR	72956	Trans Date	saction ID : 2ed49 of Disbursement	or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 09 / 15	2014
	Name of Federal Candidate		Support	Office Sou	ght: House	e District: 00
	Mr. Mark L Pryor		X Oppose	Presi	dent Sena	te State: AR
	Calendar Year-To-Date Per Election for Office Sought		94025.31	Disburseme 2014	ent For: Prin	mary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures	\$		▶	7	34.50
(k	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>.</b> [		7
(0	C) TOTAL Independent Expenditures			··· <b>·</b>	7	7
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	te 09	16	2014
	Signature		_			

Sc	hedule E)	7101120	PAGE 57 OF 61 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends repor	t filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Tammay Williams		09 15 2014
	Mailing Address 924 N. Prieur St		Amount
ŀ	City State	Zip Code	80.00
	New Orleans LA	70116	Transaction ID: 44c2517c-d42b-4125-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	118270.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Ī	Full Name of Payee		Date of Public Distribution/Dissemination
	Tammay Williams		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	Mailing Address 924 N. Prieur St		09 10 2017
	<b>32</b>		Amount
-	City State	Zip Code	9.00
	New Orleans LA	70116	Transaction ID: 32c5f55a-d366-4a9c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	118270.59	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		89.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·
(	(c) TOTAL Independent Expenditures		<b>•</b>
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed] Date	09 16 2014
	Signature	_	

Schedule E)	LIVI EXI END	ITOTILO	PAGE 58 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	50.00
Mandeville	LA	70471	Transaction ID : ea09f8e0-1eb0-49f1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	118270.59	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			09 / 15 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	7.80
Mandeville	LA	70471	Transaction ID : f3231e17-1f61-4b93-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	118270.59	Disbursement For:  Primary  ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		57.80
(,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	PAGE 59 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on
Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	09 15 2014 Amount
Other Charles 7to Code	55.00
City State Zip Code Searcy AR 72143	55.00  Transaction ID : f35965d0-03e1-4677-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 09 / 15 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought 94025.31	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	09 15 2014  Amount
City State Zip Code	52.50
Searcy AR 72143	Transaction ID : 72428c91-44fb-43d9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	oport Office Sought: House District: 00
Mr. Mark L Pryor Opp	
Calendar Year-To-Date Per Election for Office Sought 94025.31	Disbursement For:  Primary  General 2014  Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 09 / 16 / 2014

Schedule E)	EXI EIID	101120		PAGE 60 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
		. 🗆 .		-M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Earl Stewart			M	of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road			Amour	09 15 2014 nt
Cib.	Otata	7:n Code		05.00
City Snowcamp	State NC	Zip Code 27349		65.00 action ID : 3384db04-ad1d-439a-a
Purpose of Expenditure Salary		Category/ Type 001	M	of Disbursement or Obligation  15 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	3	07326.60	Disbursement 2014 Ot	For: Primary
Full Name of Payee Earl Stewart				of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road				09 15 2014
9455 Show Camp Road			Amour	nt
City	State	Zip Code		9.60
Snowcamp	NC	27349	Transa Date o	ction ID: 379e7322-a693-41ea-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 15 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	307326.60	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures				74.60
(a) SOBTOTAL of hermized independent Expenditures	······		•	74.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		<b>•</b>	7 7 7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 09	16 2014
Signature		_		

Schedule E)	PAGE 61 OF 61 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee Caleb Craig	Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive	09 15 2014 Amount
Chale Tip Code	00.00
City State Zip Code Lenoir NC 28645	60.00  Transaction ID: 0bb04b82-ec9c-4adb-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 307326.60	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
<del></del>	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	Other (specify) =
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	··· ▶ 4850.12
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	e 09 16 2014
Signature	